SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate	Incumbent	Calendar Year Covered by Repor	t No	v Entrant, ninee, or ndidate	Termination Filer	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days
	Boxes)		after the date the report is required to be					
Reporting	Last Name				First Name and M	liddle Initial		filed, or, if an extension is granted, more
Individual's Name		than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.						
	Title of Position				Department or A	gency (If Appl	licable)	to a \$200 fee.
Position for Which Filing				Reporting Periods Incumbents: The reporting period is				
Location of	Address (Number,	the preceding calendar year except Part II of Schedule C and Part I of Schedule D						
Present Office (or forwarding address)			where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.					
Position(s) Held with the Federal	Title of Position(s)	and Date(s) H	benedule B is not applicable.					
Government During the Preceding 12 Months (If Not Same as Above)								Termination Filers : The reporting period begins at the end of the period covered by your previous filing and ends
	Name of Congressi	onal Committe	e Considering Nor	nination	Do You Intend to	Create a Qualif	ied Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Traine of Gongress	onar committe	e constacting from				1	schedule B is not applicable.
to senate confirmation					Yes		No	Nominees, New Entrants and
								Candidates for President and Vice President:
Certification	Signature of Repor	ting Individua	1			Date (Mont	th, Day, Year)	vice rresident.
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.			Schedule A The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets					
Other Review (If desired by	Signature of Other	Reviewer			Date (Mont	th, Day, Year)	as of any date you choose that is within 31 days of the date of filing.	
agency)								Schedule BNot applicable.
Agency Ethics Official's Opinion	Signature of Desig	nated Agency l	Ethics Official/Rev	iewing O	fficial	Date (Mont	th, Day, Year)	Schedule C, Part I (Liabilities)The reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).								year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
	Signature					Date (Mont	th, Day, Year)	Schedule C, Part II (Agreements or
Office of Government Ethics Use Only	3						,,	Arrangements)Show any agreements or arrangements as of the date of filing.
								Schedule D The reporting period is
Comments of Reviewing Officials (If additional space i	s required, use	the reverse side o	of this sh	eet)			the preceding two calendar years and the current calendar year up to the date
	of filing.							
							İ	Agency Use Only
								OGE Use Only
				(Check	box if comments are	e continued on	the reverse side)	,

Repor	ting Individual's Name	SCHEDULE A										Pa	ige Number																				
	Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or becked, no other entry is needed in Block)."										or l loc	ess k C	than \$201 for that it	l)" is em.																		
	BLOCK A					1	BLOC	CK B	_		_													BLO	OCK	С							•
For you report product you've eximply ering pering in incomment of the sum of	rket bort- 5200 ther	=	^	\$13,001 - \$30,000 \$50.001 \$100.000			- 1		\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	- 1	- 1	\$5,001 - \$15,000	- \$50,000	\$100,000	\$100,001 - \$1,000,000		\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
T TOTAL C	Central Airlines Common			7	,		-	• •	Ľ		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0,	H			$\overline{}$	x		\dashv	$\overline{}$		• 1	x	•	-	•,	• 1	•	\square	•,	\vdash		
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Example	Kempstone Equity Fund	-+	4	-∤-	-	_ _ x	-	H	╆.	╁.	╂-	╁-	H	x	_	_	-		- {				-	x	-	_	-		\vdash		<u> </u>	Income \$130,000	
	IRA: Heartland 500 Index Fund	-1	_	╣.	- -	- -	-	x	+	╁.	 	 		x	-	_	-	_	- †				-	_		-	-		- 1		<u> </u>		<u> </u>
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	* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.																																

Reporting Individual's Name		Page Number				
Assets and Income	Valu at close	uation of Assets e of reporting period			oe and amount. If "None (or le other entry is needed in Block	
BLOCK A						
				Type	Amount	
		\$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	Excepted Trust Qualified Trust	Dividends Rent and Royalties Interest Capital Gains None (or less than \$201)		Other Income (Specify Type & Actual Amount) Oology Amount) Other Income (Mo., Day, Yr.) Only if Honoraria
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* This category applies only if the asset/inc by the filer with the spouse or dependen	ne is solely that of t hildren, mark the o	f the filer's spouse or dependent chi other higher categories of value, as	ildren. If is appropri	the asset/income ate.	is either that of the filer or jointly held	1

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Re	eporting Individual's Name	SCHED	UL	E E	3							Page	e Num	iber			
R	Part I: Transactions eport any purchase, sale, or exchange y you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	e 🗌													
ci	hildren during the reporting period of	f any residence, or a transaction solely between		insact					Aı	nount	t of T	ransaction (x)					
fu ai	eal property, stocks, bonds, commodity utures, and other securities when the mount of the transaction exceeded \$1, aclude transactions that resulted in a least transactions.	Check the "Certificate of divestiture" block ,000. to indicate sales made pursuant to a	estiture" block ant to a						00,001 -	\$250,001 - \$500,000	\$500,001 - \$1,000,000	er ,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	er 0,000,000	Certificate of divestiture
	Identi	ification of Assets	Pu	Sa	EX S1 (S1) (S1) (S1) (S1) (S2) (S2) (S2) (S2) (S1) (S1) (S1) (S1) (S1) (S1) (S1) (S1									\$2	\$2.	\$5	giè
	Example Central Airlines Common		х			2/1/99		Х							Ш		\vdash
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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate. Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by **None** None** Travel Expenses the U.S. Government; given to your agency in connection with official travel received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality the donor's residence. Also, for purposes of aggregating gifts to determine total value from one source, exclude items worth \$104 or less. See instruction of the exclusions. None														ally tality ine tl uctio	at he		
	Source (Name and Address)				escrip										Va	alue	
	Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al confe	erence	e 6/15	/99 (personal	activi	ty unrela	ted to	duty)			. — -			500	
1	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													\$3	300	
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	SCHEDULE B (Use only if	C(nee	ont ded	inı	ıed							Page	Numl	oer			
Part I: Transactions												•					
		Tra	ınsact ype (:	ion					An	nount	ransa	ansaction (x)					
		Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	15,001 - 50,000	50,001 - 100,000	100,001 -	250,001 - 500,000	500,001 - 1,000,000	ver 1,000,000*	1,000,001 - 5,000,000	5,000,001 -	25,000,001 -	ver 50,000,000	ertificate of vestiture
Ident	ification of Assets	Pu	တိ	ŭ		\$1	\$5	\$5	\$1 \$2	\$2	\$1	\$1 \$1	\$5	\$3	88	Š. 0.8€	ਉਂ ਉ
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*This category applies only if the underlyi by the filer or jointly held by the filer wit	ng asset is solely that of the filer's spouse or dependent childre h the spouse or dependent children, use the other higher categ	n. If ories	the u	nderl	lying asset is as appropriat	eithe	r held	1									

R	eporting Individual's Name	S	CHED	ULE C	2							Page	Numb	er		
R	Part I: Liabilities eport liabilities over \$10,000 owed or any one creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None []				(Catego	ry of A	Amoun	t or Va	ılue (x)		
d y C	uring the reporting period by you, our spouse, or dependent children. Theck the highest amount owed uring the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	- Date	Interest	Term if	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001- \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001- \$5,000,000	e (x) -100,000,000 -100,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1 \$5	\$5 \$1	\$1 \$2	\$2 \$5	\$5 \$1	O. \$1	\$1 \$5	\$5 \$2	\$2 \$5	O. \$5
Ех	xamples First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8%	25 yrs. on demand			X	_	х						
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	*This category applies only if the liability is with the spouse or dependent children, ma	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.	ren. If the li	ability is tl	hat of the fil	ler or a	ı joint	liabili	ity of 1	the file	er					
F	Part II: Agreements of	r Arrangements														
e	mployee benefit plan (e.g. pension, 40	its for: (1) continuing participation in an 1k, deferred compensation); (2) continua- (including severance payments); (3) leaves			4) future ons for any								ing th	-	ort- None	
	Status and T	Terms of any Agreement or Arrangement							Partie	es es					П	Oate
Ex	Pursuant to partnership agreement calculated on service performed th	s, will receive lump sum payment of capital account & parough $1/00$.	artnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7.	/85
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Reporting Individual's Name SCHEDULE D Page Number											
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. No											
Organization (Name			rganization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)					
Nat'l Assn. of Rock Collectors, NY, NY	,	Non-profit education	0	President	6/92	Present					
Examples Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00					
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Report sources of more than \$5,000 co business affiliation for services provid the reporting period. This includes the	rt II: Compensation in Excess of \$5,000 Paid by One Source rt sources of more than \$5,000 compensation received by you or your reseas affiliation for services provided directly by you during any one year of eporting period. This includes the names of clients and customers of any oration, firm, partnership, or other business enterprise, or any other Do not complete this part if you a Incumbent, Termination Filer, or Presidential or Presidential Candi you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. Note that the part if you a Incumbent, Termination Filer, or Presidential or Presidential Candi you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.										
Source (Name ar	nd Address)		Brie	ef Description of Duties							
Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith, Hometown, State)	Smith) Moneytown State	Legal services Legal services in connec	tion with university constr	uction							
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